Public Health
Seattle & King County
HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Alonzo L. Plough, Ph.D., MPH, *Director and Health Officer*

To: Parents/Child Care Providers

From: Child Care Health Program

Date: 3/16/04

Re: Consent for Screening Services

With the new HIPAA regulations that went into effect April 14, 2003, we are required to ask that you sign a number of forms in order to provide screening services and share information. Please download all of the forms to give to parent/caregiver as a complete packet (there should be 9 pages in addition to this memo). Please print legibly and be sure to **sign** and **date** all forms.

Consent to for Health Care Screening (page 1)

Please fill in all of the information requested.

Care Coordination Authorization for Use and Disclosure of Protected Health Information (pages 2 and 3)

Please fill in page 2 and initial page 3.

Acknowledgement of Receipt (page 4)

Please list name of child in the "Patient Name".

Parent/guardian must sign and date the bottom of the form.

The **Acknowledgement of Receipt** form (page 4) must be returned to the child care program along with the consent.

The **Summary of Notice of Privacy Practices** (page 5) and the **Notice of Privacy Practices** (pages 6 – 9) should be retained by the child's family.

Regional Health Outreach Services
1916 Boren Avenue, Suite 200 Seattle, WA 98101-1467
T (206) 296-2770 **F** (206) 296-2750 • www.metrokc.gov/health

Public Health
Seattle & King County
HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Alonzo L. Plough, Ph.D., MPH, *Director and Health Officer*

CHILD CARE HEALTH PROGRAM

Consent for Health Care Screening

I give permission for my child:

_____
Name

_____ _____
Birthdate Age

To receive health promotion screening services provided at the child care facility listed below by the staff of the Child Care Health Program at Public Health – Seattle & King County, including, but not limited to vision, hearing, dental, development, speech and behavior. I will be informed of the screening results.

_____
Child Care Program

_____
Address

_____
State/Zip Telephone

This consent may be revoked by me at any time.

_____ _____
Date Parent/Other Legally Responsible Person (Signature)

_____ _____
Witness Relationship of Legally Responsible Person to Child Listed Above

_____ _____
Interpreter Street

_____ _____
Interpreter's Agency or Relationship to Parent/Other Legally Responsible Person City State Zip

_____
Telephone: Home Work

Regional Health Outreach Services
1916 Boren Avenue, Suite 200 Seattle, WA 98101-1467
T (206) 296-2770 **F** (206) 296-2750 • www.metrokc.gov/health

Public Health
Seattle & King County
HEALTHY PEOPLE. HEALTHY COMMUNITIES.
Alonzo L. Plough, Ph.D., MPH, *Director and Health Officer*

Seattle-King County Department of Public Health (SKCDPH)

CARE COORDINATION
AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

The undersigned authorizes SKCDPH or its staff to exchange information (written or verbal) to the persons or organizations identified below for the purpose of ongoing care coordination. A Care Coordination Authorization form is needed for each client.

When checked, this consent includes release of the following types of information:

❒ Drug or alcohol abuse diagnosis or treatment ❒ Psychiatric care/mental illness
❒ HIV (AIDS) testing/treatment ❒ Confirmed STD test results and/or treatment

This authorization will expire 90 days from the date signed.

Release of Information is authorized for:

_____ _____
Client Name Date of Birth

_____ _____
Signature of Client or Guardian Relationship

_____ _____
Witness or Interpreter Date

Records will be released to:

Agency Name	Telephone	Contact Person

This authorization may be renewed three times. Renewals are valid for up to 90 days after date of signature:

_____ _____
Signature Date

_____ _____
Signature Date

_____ _____
Signature Date

Client rights on the back of this form.

Regional Health Outreach Services
1916 Boren Avenue, Suite 200 Seattle, WA 98101-1467
T (206) 296-2770 **F** (206) 296-2750 • www.metrokc.gov/health

CARE COORDINATION
AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Your rights under federal and state law:

1. You may revoke this authorization at any time. It must be in writing. If SKCDPH has acted on this authorization before receipt of your revocation, we cannot be held liable.
2. SKCDPH may not refuse treatment to you or the person under your guardianship if you do not sign this form.
3. When SKCDPH asks you to fill out this authorization, you are entitled to a copy.
4. You may specify this authorization expires sooner than 90 days.
5. If SKCDPH releases your information to someone else (per your direction), your protected health information can be subject to re-disclosure by the recipient and is no longer protected. Exceptions noted below (#6).
6. Any records that contain information regarding the following cannot be disclosed without your specific written consent. Those receiving this information are prohibited from re-disclosing these records unless expressly permitted by you:

    a. Drug and/or alcohol abuse or
    b. HIV and/or confirmed STD tests or treatment or
    c. Mental health treatment, whether past or present

7. You are entitled to a response from SKCDPH as promptly as possible, but no later than 15 working days after receipt of your request. We are obligated to inform you if:

    a. The information you request does not exist or cannot be found.
    b. We do not maintain the information you request and if we know who has it, we will provide you with their name and address.
    c. We have unusual circumstances that delay the handling of your request and the date we expect to have it, including the reasons for the delay.
    d. Any part of your request is being denied.
    e. Upon your request, an explanation of any code or abbreviation used in the record.

_____
Client Initials

Client Label

Public Health
Seattle & King County
HEALTHY PEOPLE. HEALTHY COMMUNITIES.
Alonzo L. Plough, Ph.D., MPH, *Director and Health Officer*

Seattle-King County Department of Public Health (SKCDPH)

NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGEMENT OF RECEIPT – PLEASE SIGN BELOW

HIPAA requires that we make the Notice of Privacy Practices available to you. We ask that you sign and date this form. **When you sign and date this form you are agreeing that you were given a copy of the Notice of Privacy Practices. You are not agreeing to what the notice says.**

Usually parents sign for children who are minors (under the age of 18). There is an exception when a minor seeks services for the following: family planning services, sexually transmitted disease testing/treatment, outpatient mental health treatment or outpatient alcohol and drug abuse. Under state law, minors may consent to their own treatment for these services. When this happens, they will be asked to sign this form for themselves.

For more information, please read the attached Notice of Privacy Practices.

PATIENT NAME: _____

The undersigned has received the Notice of Privacy Practices of Seattle-King County Department of Public Health.

PATIENT/PATIENT REPRESENATIVE SIGNATURE **DATE OF SIGNING**

_____ _____

Signature Relationship to patient

☐ Check if patient declined to sign _____ _____

Clerk Initials Date

This is a permanent part of the Medical Record

Regional Health Outreach Services
1916 Boren Avenue, Suite 200 Seattle, WA 98101-1467
T (206) 296-2770 **F** (206) 296-2750 • www.metrokc.gov/health

Public Health
Seattle & King County
HEALTHY PEOPLE. HEALTHY COMMUNITIES.
Alonzo L. Plough, Ph.D., MPH, *Director and Health Officer*

Seattle-King County Department of Public Health (SKCDPH)
SUMMARY: Notice of Privacy Practices
Effective Date: April 14, 2003

THIS IS A SUMMARY OF SEATTLE-KING COUNTY PUBLIC HEALTH'S NOTICE OF PRIVACY PRACTICES. IT IS NOT THE COMPLETE NOTICE. THE COMPLETE NOTICE IS ATTACHED.

Seattle - King County Department of Public Health provides many kinds of health services. We often create a record of the care and services you receive with us. Any information we keep in your record is called Protected Health Information or PHI. This Notice describes your rights for the privacy of your PHI. It also tells you how we will use and release your PHI.

Washington State and federal laws require us to provide a higher level of protection for some types of PHI. Washington State law provides a higher level of protection for health care information and specifically limits the disclosure of certain types of PHI, including records for mental health, confirmed sexually transmitted disease, HIV/AIDS or drug and alcohol treatment. Information about this type of care can only be released in accordance with those stricter laws. Minors may consent to their own treatment for family planning services, sexually transmitted disease testing/treatment, outpatient mental health treatment or outpatient alcohol and drug abuse treatment.

PART 1 of the Notice explains your rights about your health records. These rights include the right to request restrictions and amendments to your records; the right to see and obtain a copy of your records; the right to request how we contact you with confidential information or to request that we do not contact you; the right to ask for a list of the persons or agencies to which your records were disclosed; and the right to make complaints about the privacy of your health information.

PART 2 of the Notice tells you that Public Health has to give you the Notice and must keep your health records private. Public Health must do what the notice says. We must also follow more strict State and Federal laws about the privacy of your health information. We must give you a copy of the Notice and make updated Notices available to you at your request.

PART 3 explains how Public Health can use your health records for your treatment, to get payment for the care we provide to you and to run our programs and services. It also explains the other ways Public Health can use your PHI without your authorization.

PART 4 explains how you can ask for help to understand your rights. It also explains how to complain if you think we have violated your privacy rights.

Please look at the following Notice for more complete information.
Privacy Office: 206-205-5975

Regional Health Outreach Services
1916 Boren Avenue, Suite 200 Seattle, WA 98101-1467
T (206) 296-2770 **F** (206) 296-2750 • www.metrokc.gov/health

Public Health
Seattle & King County
HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Alonzo L. Plough, Ph.D., MPH, *Director and Health Officer*

Seattle - King County Department of Public Health

Notice of Privacy Practices
Effective April 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This letter is available in alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA). If you require this Notice in an alternate format, please contact our ADA Liaison at: Phone 206-296-4600 or TDD: 206-296-4631.

The most recent copy of this document will be posted in all Seattle - King County Department of Public Health care centers and on our web site at www.metrokc.gov/health.

Seattle - King County Department of Public Health is committed to protecting your personal health information. Protected health information (PHI) includes information that we have created or received regarding your health, your health care, and payment for your health care.

THIS NOTICE COVERS THE FOLLOWING ENTITIES PROVIDING YOUR CARE:
All employees, physicians, physician residents, dentists, nurses, administrative staff, social workers, nutritionists, contract staff, medical students, community health providers, affiliated physicians and other health care professionals providing you care through Seattle - King County Department of Public Health care centers and/or programs must abide by this Notice of Privacy Practices. Public Health may share your information with these covered entities to help them provide medical care to you.

Washington State and federal laws require us to provide a higher level of protection for some types of PHI. Washington State law provides a higher level of protection for health care information and specifically limits the disclosure of certain types of PHI, including records regarding mental health, confirmed sexually transmitted disease, HIV/AIDS, and drug and alcohol treatment. Information about this type of care can only be released in accordance with those stricter laws. Minors may consent to their own treatment for family planning services, sexually transmitted disease testing/treatment, outpatient mental health treatment or outpatient alcohol and drug abuse treatment.

PART 1 – YOUR RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION
Here is a listing of your rights with respect to your protected health information, along with a description of how you may exercise these rights:

- You have a right to request limits on the way we use or disclose your health information. You must make the request in writing to our Privacy Office and tell us what information you want to limit and to whom you want the limits to apply. Public Health is not required to agree to the restriction.

- You have the right to request how we provide confidential communications to you. For example, we may communicate your test results to you by mail or by telephone. You may ask Public Health to share information with you in a certain way or in a certain place. For example, you may ask us to send information to your work address instead of your home address; you may also request that we call you at work instead of at home. You must make this request in writing to our Privacy Office. You do not have to explain the reason for your request. We are required to follow your request, if it is reasonable.

- In most cases, you have the right to look at or get copies of your records. You must make the request in writing to our Privacy Office. We may charge you a reasonable fee based on copying and other costs. In certain situations, we may deny your request and will tell you why we are denying it. In some cases, you may have the right to ask for a review of our denial.

- You have a right to request a correction or an update of your records. You may ask Public Health to amend or add missing information if you think there is a mistake. You must make the request in writing to our Privacy Office and provide a reason for your request. In certain cases we may deny your request, in writing. You may respond by filing a written statement of disagreement with us and ask that the statement be included in your PHI.

- You have a right to get a list of persons or agencies to which your records were sent after April 14, 2003. You must make this request in writing to our Privacy Office. The list will not include the releases of your information made for the purpose of treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your written authorization.

- You have a right to get a paper copy of the most recent version of this notice, if you request it.

- You have the right to withdraw your permission for us to release your information. If you sign an authorization to use or disclose information, you can revoke that authorization at any time. The revocation must be made in writing and given to our Privacy Office. This will not affect information that has already been used or disclosed.

To exercise your rights under the law, call the numbers listed in this document; write our Privacy Office or visit one of the Public Health care centers. Our staff will assist you with your request.

PART 2 – PUBLIC HEALTH'S RESPONSIBILITIES UNDER THE LAW
Public Health is required by law to provide you with our Notice of Privacy Practices. This law is the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Under this law, we must protect the privacy of your "protected health information" or PHI. PHI is information that we have created or received regarding your health or payment for your health care. It includes both your medical records and personal information such as your name, social security number, address, and phone number.

We are required to:
- Keep your protected health information private except as indicated below
- Follow the terms of the Notice currently in effect
- Give you this Notice

We reserve the right to change our practices regarding the protected health information we maintain. If we make changes, we will update our Notice and make it available to you. The most recent copy of the Notice will be posted in all Public Health care centers, and on our web site at www.metrokc.gov/health.

PART 3 – HOW WE MAY USE OR DISCLOSE MEDICAL INFORMATION ABOUT YOU
Public Health uses and discloses PHI in a number of ways connected to your treatment, payment for your care, and health care operations. Here are some examples of how we may use or disclose your personal health information without your authorization.

To provide treatment; for example:
- We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses or other healthcare professionals involved in your care. For example, your doctor will need to know if you are allergic to any medicines. The doctor may share this information with pharmacists and others caring for you.
- We may also disclose information to other professionals providing your health care. For example, we may need to tell a specialist about your medical conditions if we refer you to a specialist so you may receive the proper care.

To receive payment for services we provide or to obtain insurance authorization for services we recommend; for example:

- If you have health insurance, we request payment from your health insurance plan for the services we provide. For example, we may need to give your health plan information about your visit to the doctor so your health plan will pay us for the visit.
- We may also tell your health plan about your recommended treatment to get their prior approval, if that is required under your insurance plan. For example, if you need surgery, we will call your health plan to make sure the surgery is covered and will be paid for by the health plan.

To carry out healthcare operations; for example:

- We may use or disclose your health information in order to manage our programs and activities. For example, we may use your health information to review the quality of services you receive or to provide training to our staff.
- We may use and disclose medical information to contact you by telephone or by mail as a reminder that you have an appointment for treatment or to inform you of test results.

For Research: We may use and disclose medical information about you for research purposes.

As required by Law We may use and disclose protected health information when required by federal or state law.

For judicial and administrative proceedings: We may disclose protected health information in response to an order of a court or administrative tribunal; in response to a subpoena, discovery request, or other lawful process.

For law enforcement purposes: We may disclose protected health information for to a law enforcement official.

For Abuse Reports and Investigations: Public Health may use and disclose information regarding suspected cases of abuse, neglect, or domestic violence, when the law so requires.

To Medical Examiners/Coroners or Funeral Directors: We may use and disclose protected health information consistent with applicable laws to allow them to carry out their duties.

To Comply with Workers' Compensation Laws: We may disclose protected health information as authorized by laws relating to workers compensation or other programs that provide benefits for work-related injuries or illness without regard to fault.

For organ, eye, or tissue donation purposes: We may disclose protected health care information to organ procurement organizations or entities.

For Specialized Government Functions: We may use and disclose information to agencies administering programs that provide public benefits. For example, Public Health may disclose information for the determination of Supplemental Security Income (SSI) benefits. We also may provide information to government officials for specifically identified government functions such as national security or military activities; or law enforcement custodial situations, such as correctional institutions.

To Avoid Serious threat to health or safety: Public Health may use and disclose protected health information when we believe it necessary to avoid a serious threat to the health or safety of a person or the general public.

For Public Health and Safety Purposes as Allowed or Required by Law: We may disclose protected health information to health care oversight agencies for oversight activities authorized by law.

Disaster Relief: We may use and disclose information about you to assist in disaster relief efforts.

OTHER USES AND DISCLOSURES REQUIRE YOUR WRITTEN AUTHORIZATION:
Uses and disclosures not described in this Notice will be made only as allowed by law or with your written authorization. You may revoke your authorization to use or disclose protected health information at any time; the revocation must be in writing. The revocation will not affect uses or disclosures that have already been made.

PART 4 – HOW YOU MAY ASK FOR HELP OR COMPLAIN

For More Information, please contact:

Privacy Office
Seattle – King County Department of Public Health
999 Third Avenue, Suite 1200
Seattle, WA 98104
Phone: 206-205-5975 TTY Relay Service: 206-296-4631

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Office of the Health Department, at the address above. You may also complain to the Secretary of the U.S. Department of Health and Human Services, at the address below. You will not be retaliated against for filing a complaint.

Office for Civil Rights
Medical Privacy, Complaint Division
U.S. Department of Health and Human Services
200 Independence Avenue, SW, HHH Building, Room 509H
Washington, D.C. 20201
Phone: 866-627-7748 TTY: 886-788-4989 Email: www.hhs.gov/ocr